Annexure-I

ICAR - CENTRAL INSTITUTE FOR SUBTROPICAL HORTICULURE
REHMANKHERA, KAKORI-226101, LUCKNOW

Name of the project:_____

Name of the Post:_____

Post Code:_____

Passport size photograph to be pasted here

1. Name of the Candidate (IN BLOCK LETTERS) :

2. Father's/Husband Name :

3. Sex :

4. Date of Birth
(Please attach documentary proof) :

5. Age : .....Year.....Month.....Days

6. Marital Status :

7. Permanent Home Address :

8. Correspondence Address :

9. Telephone/Mobile No. :

10. Email :

11. Whether SC/ST/OBC (Documentary evidence to be attached)

12. Nationality :

13. Educational Qualifications/Technical Qualification (Please attach photocopy of related certificates) starting from Matriculation/10th & onwards:

S.No.	**Name of the Examination Passed**	**Subject/Stream**	**Name of Board/ University**	**Year of passing**	**% of Marks /GP /Division**
1	**2**	**3**	**4**	**5**	**6**
1.	High School				
2.	Intermediate (10+2)				
3.	Graduation				

4.	Post-Graduation				
5.	Ph.D.				

14. Details of Desirable Qualification, if any:

Sl. No.	Qualification acquired	Name of Institute/ University	Year of acquiring	Remarks
1	**2**	**3**	**4**	**5**

15. Details of experience, if any :
(Please attach Documentary proof)

S.No.	Name of the Organization	Post/position held	Period	Emoluments	Remarks
1	**2**	**3**	**4**	**5**	**6**

16. Whether the candidate is NET qualified or not (If yes, please attach the relevant certificate): .....

17. Detail of Publications:

18. Any other details:

Declaration

I hereby declare that all the statements made above are true, complete and correct to the best of my knowledge and belief.
I also declare that:

(i) I have never been punished or debarred from appointment under Govt. (Central/State)/ Autonomous organization/ ICAR
(ii) I have not been convicted by a Court of Law for any offence.

I understand and agree that in the event of any information being found false/ incorrect/ incomplete or ineligible being detected at any time before or after the selection/ examination/ interview, action may be taken against me and I shall be bound by the decision of the employer.

Place:
Date:

Signature of the Applicant:.....